

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G606		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/10/2014	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3025 GREENHILLS LN S INDIANAPOLIS, IN 46222			
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 7/7/14, 7/8/14, 7/9/14 and 7/10/14</p> <p>Facility Number: 001175 Provider Number: 15G606 AIMS Number: 100245640</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/17/14 by Ruth Shackelford, QIDP.</p>		W000000				
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2's personal finances were not in excess of the predetermined maximum amount allowed by Medicaid.</p>		W000104	<p>The Program Director and Home Manager will be retrained on Client Finances, including ensuring that the client is not over resources at any time. All financial transactions are monitored by the Home Manager, reconciled on a monthly basis by the Program Director, and then reviewed by the Client</p>		08/09/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000126	<p>Findings include:</p> <p>Client #2's financial record was reviewed on 7/8/14 at 7:50 AM. Client #2's facility based cluster account dated 4/1/14 through 6/30/14 indicated an ending balance of \$2,344.29. Client #2's personal community based checking account ledger dated July 2014 indicated an ending balance of \$446.15. The review indicated client #2's personal finances/resources exceeded \$2,000.00.</p> <p>AD (Area Director) #1 was interviewed on 7/8/14 at 1:45 PM. AD #1 indicated client #2's personal finances were in excess of the \$2,000.00 Medicaid limit.</p> <p>9-3-1(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3 were taught to manage their financial affairs.</p> <p>Findings include:</p>			<p>Finance Specialist at the completion of each month. Once a month the Client Finance Specialist will notify the Area Director of all clients, if any, that are over resources, so that the Area Director can follow up on the plan of correction. Ongoing, the Area Director will complete quarterly reviews of a random sample of client finances to ensure that all is completely accurately and correctly. Responsible Party: Home Manager, Program Director, Client Finance Specialist, and Area Director.</p>			
			W000126	<p>The Program Director will be retrained on writing client goals and objectives based on their individual needs. The Program Director, in conjunction with the Interdisciplinary teams, will create a money goal for clients 1 and 3. Ongoing, the Program Director</p>		08/09/2014	

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	<p>1. Client #1's record was reviewed on 7/8/14 at 11:24 AM. Client #1's ISP (Individual Support Plan) dated 5/15/14 indicated client #1 did not independently manage his financial affairs. Client #1's ISP dated 5/15/14 indicated the client #1 should "... increase money management skills through a formal goal." Client #1's record did not indicate documentation of a formal money management training objective or informal money management training supports to assist client #1 to become more independent in the management of his financial affairs.</p> <p>2. Client #3's record was reviewed on 7/8/14 at 10:07 AM. Client #3's ISP dated 1/24/14 indicated client #3 did not independently manage his financial affairs. Client #3's ISP dated 1/24/14 indicated the recommendation to "Increase money management skills through a formal goal." Client #3's record did not indicate documentation of a formal money management training objective or informal money management training supports to assist client #3 to become more independent in the management of his financial affairs.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/8/14 at 1:30 PM. QIDP #1 indicated</p>			<p>will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need. Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client. Responsible Party: Program Director, Area Director, and Quality Assurance Manager.</p>			

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W000149	<p>clients #1 and #3 did not have money management training objectives.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 5 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to ensure the results of an investigation of alleged staff neglect for clients #1, #2, #3, #4, #5 and #6 were reported to the administrator within 5 business days of the alleged incident.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/7/14 at 3:30 PM. The review indicated the following:</p> <p>-BDDS report dated 3/11/14 indicated client #2 reported an allegation of staff sleeping while on duty in the group home. The review indicated the facility had reported the allegation of staff</p>		W000149	<p>The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation. The Program Director will be retrained on BDDS reports requirements. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner. Responsible Party: Program Director, Area Director, and Quality Assurance Manager.</p>		08/09/2014	

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	<p>neglect to BDDS on separate reports for clients #1, #2, #3, #4, #5 and #6 who were in the group home at the time of the alleged incident.</p> <p>-SIIR dated 3/21/14 indicated the results of the investigation had been reported to the facility administrator on 3/21/14.</p> <p>AD (Area Director) #1 was interviewed on 7/8/14 at 12:30 PM. AD #1 indicated the facility's abuse and neglect policy should be implemented. AD #1 indicated the results of investigations of allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the administrator within 5 business days of the alleged incident.</p> <p>The facility's policy and procedures were reviewed on 7/9/14 at 5:09 PM. The facility's policy entitled Quality and Risk Management dated April 2011 indicated, "Indiana Mentor follows the BDDS incident reporting policy as outlined in the provider standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:...(b.) sexual abuse, including but not limited to: (i) nonconsensual sexual activity; (ii.) sexual molestation; (iii.) sexual coercion; (iv.) sexual exploitation... (e.) failure to</p>						

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W000156	<p>provide appropriate supervision, care or training..... (1.) Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 5 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure the results of an investigation of alleged staff neglect for clients #1, #2, #3, #4, #5 and #6 were reported to the administrator within 5 business days of the alleged incident.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/7/14 at 3:30 PM. The review indicated the following:</p>		W000156	<p>The Program Director will be retrained on Indiana MENTOR's policy and procedure for completing an investigation. This retraining will also include the expectation of the completion of the recommendations that are results of the completed investigation and the 5 day requirement for all investigations to be completed. The Program Director will be retrained on BDDS reports requirements. To ensure that all investigations are completed accurately and thoroughly, Indiana MENTOR's Quality Assurance Specialist will assist this PD with the next three investigations. Ongoing, all investigations will be reviewed by the Area Director and the Quality Assurance Specialist to ensure</p>		08/09/2014	

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W000159	<p>-BDDS report dated 3/11/14 indicated client #2 reported an allegation of staff sleeping while on duty in the group home. The review indicated the facility had reported the allegation of staff neglect to BDDS on separate reports for clients #1, #2, #3, #4, #5 and #6 who were in the group home at the time of the alleged incident.</p> <p>-SIIR dated 3/21/14 indicated the results of the investigation had been reported to the facility administrator on 3/21/14.</p> <p>AD (Area Director) #1 was interviewed on 7/8/14 at 12:30 PM. AD #1 indicated the results of investigations of allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to the administrator within 5 business days of the alleged incident.</p> <p>9-3-2(a)</p>				that all issues are addressed, that the investigation is completed thoroughly, that recommendations are made and that all recommendations are completed and followed up on in a timely manner.		
	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the QIDP (Qualified</p>			W000159	Please see W126 The Program Director will be retrained on writing client goals and objectives based on their individual needs.		08/09/2014

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	<p>Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2 and #3's active treatment programs. The QIDP failed to ensure clients #1 and #3 were taught to manage their financial affairs, to assess/reassess client #1's vocational needs, to develop a program of training objectives for clients #1 and #2, to ensure clients #1 and #3's active treatment programs were implemented continuously to assist the clients to achieve their training objectives and to ensure clients #1, #2 and #3 had self-administration of medication training objectives.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to ensure clients #1 and #3 were taught to manage their financial affairs. Please see W126. 2. The QIDP failed to assess/reassess client #1's vocational needs. Please see W225. 3. The QIDP failed to develop a program of training objectives for clients #1 and #2. Please see W227. 4. The QIDP failed to ensure clients #1 and #3's active treatment programs were implemented continuously to assist the 			<p>The Program Director, in conjunction with the Interdisciplinary teams, will create a money goal for clients 1 and 3. Ongoing, the Program Director will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need. Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client. Please see W225 Client # 1 will have his vocational needs assessed. The IDT will convene to determine if Noble Tibbs continues to be the appropriate placement for him. The Program Director and/or Home Manager will set up visits for client #1 to attend other day programs that might better fit his needs, with the approval of the IDT. Once the visits are completed, client #1 will have a choice as to which day program he would like to attend. The Home Manager and Program Director will be retrained on completing vocation assessments on each client no less than annually, but more as needed. For the next 4 weeks, the Home Manager will complete no less than 2 observations on each client while at the day program to determine if any other clients require further vocational assessments. These observations will each be</p>			

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	<p>clients to achieve their training objectives. Please see W249.</p> <p>5. The QIDP failed to ensure clients #1, #2 and #3 had self-administration of medication training objectives. Please see W371.</p> <p>9-3-3(a)</p>			<p>reviewed by the Program Director for further follow up. Ongoing, the Home Manager will complete no less than 1 day program observation on each client per month, per Indiana MENTOR's policy and procedures. Ongoing, the Program Director will complete 2 day program observations per quarter on any individual client, per Indiana MENTOR's policy and procedures. Please see W227 The Program Director will be retrained on writing client goals and objectives based on their individual needs. The Program Director will be retrained on including the client goals in the Individualized Support Plan. The Program Director, in conjunction with the Interdisciplinary teams, will create a goal surrounding a household chore for clients 1 and 2. The Program Director, in conjunction with the Interdisciplinary teams, will create a mealtime goal for client 2. Ongoing, the Program Director will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need. Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client. Please see W249 The Direct Support Professionals will be retrained on completing formal and informal</p>			

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				<p>training goals for each client. The Direct Support Professionals will be retrained on documenting formal training goals for each client. After the retraining occurs, the Home Manager will complete two (2) weekly observations to ensure that the goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed. After the initial four (4) weeks, the Home Manager and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing each DSP will work with each client on their specific Individualized Support Plan that states each goal. For the first four weeks, the Home Manager will complete documentation reviews no less than every 48 hours to ensure that goals are being documented correctly by each staff. After the initial four weeks and ongoing, the Home Manager will complete documentation reviews no less than weekly to ensure that all goals are being ran and documented appropriately. Any ongoing completion and documentation errors will be brought to the Program Director's attention for further corrective action on staff. Please see W371 The Program Director, in</p>			

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W000225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review and interview for 1 of 3 sampled clients (#1), the facility failed to assess/reassess client #1's vocational needs.</p> <p>Findings include:</p> <p>Observations were conducted at client #1's sheltered workshop on 7/10/14 from 11:39 AM through 12:39 PM. At 11:39 AM, client #1 was seated in an outdoor break area with his co-workers. At 12:00 PM, an audible alarm/buzzer sounded and client #1's co-workers returned to their work stations. Client #1 did not</p>		W000225	<p>conjunction with the Interdisciplinary teams, will create a goal surrounding medication administration for clients 1, 2, and 3. Ongoing, the Program Director will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need. Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client. Responsible Party: Program Director, Area Director, and Quality Assurance Manager.</p> <p>Client # 1 will have his vocational needs assessed. The IDT will convene to determine if Noble Tibbs continues to be the appropriate placement for him. The Program Director and/or Home Manager will set up visits for client #1 to attend other day programs that might better fit his needs, with the approval of the IDT. Once the visits are completed, client #1 will have a choice as to which day program he would like to attend. The Home Manager and Program Director will be retrained on completing vocation assessments on each client no less than annually, but more as needed.</p>		08/09/2014	

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	<p>return to his work station with his co-workers. Client #1 entered the workshop and walked from the outdoor break area to the inside cafeteria/vending area. Client #1 remained in the inside cafeteria/vending area pacing between tables until 12:15 PM. At 12:15 PM, client #1 returned to the outside break area and paced between the outdoor tables before returning back inside the to the inside cafeteria/vending area. Client #1 repeated this throughout the duration of the observation period.</p> <p>Day Services Manager (DSM) #1 was interviewed on 7/10/14 at 12:40 PM. DSM #1 stated, "[Client #1] enjoys being here. He enjoys the social aspects of being here everyday. [Client #1] doesn't want to do the work here though. I've seen really a decline in [client #1's] skills, he's not as sharp as he used to be a few years ago. I don't know if it's because he's getting older and his skills are diminishing but we can't get him to work. The only work he will do is sweeping the floors and he tries to help the vending machine guy when they come in to refill the vending machines. Out of a six hour work day we used to be able to get [client #1] to work about three to four hours of the day. The last year and half or so, he might actually work for fifteen or twenty minutes of the day. [Client #1] really</p>			<p>For the next 4 weeks, the Home Manager will complete no less than 2 observations on each client while at the day program to determine if any other clients require further vocational assessments. These observations will each be reviewed by the Program Director for further follow up. Ongoing, the Home Manager will complete no less than 1 day program observation on each client per month, per Indiana MENTOR's policy and procedures. Ongoing, the Program Director will complete 2 day program observations per quarter on any individual client, per Indiana MENTOR's policy and procedures. Responsible Party: Home Manager and Program Director</p>			

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W000227	<p>seems to enjoy the social aspect and tends to socialize more with staff than his peers. It may be time to think about something like an adult day care type of program. Something that will allow him to be social and have some good activity and interaction. He just isn't motivated to do the work anymore."</p> <p>Client #1's record was reviewed on 7/8/14 at 11:24 AM. Client #1's ISP (Individual Support Plan) dated 5/15/14 indicated, "[Client #1] attends [sheltered workshop]. He participates in the sheltered work environment. He does participate in work when it is available."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/10/14 at 1:45 PM. QIDP #1 indicated client #1 should be reassessed to determined if the sheltered workshop is the appropriate vocational setting for client #1's needs.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for</p>		W000227	The Program Director will be		08/09/2014	

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	<p>2 of 3 sampled clients (#1 and #2), the facility failed to develop a program of training objectives for clients #1 and #2.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 7/8/14 at 11:24 AM. Client #1's ISP (Individual Support Plan) dated 5/15/14 indicated the IDT (Interdisciplinary Team) should prioritize formal goals and incorporate the goals into the ISP. Client #1's ISP dated 5/15/14 indicated the IDT recommended "[Client #1] will gain independence in completing a household chore through formal training." Client #1's record did not indicate documentation of a formal training objective regarding household chores.</p> <p>2. Client #2's record was reviewed on 7/8/14 at 10:56 AM. Client #2's ISP dated 2/16/14 indicated the IDT should prioritize formal goals and incorporate the goals into the ISP. Client #2's ISP dated 2/16/14 indicated the IDT recommended "[Client #2] will gain independence in completing a household chore through formal training. [Client #2] will increase independence with meal time activities through a formal training goal." Client #2's record did not indicate documentation of formal training objectives regarding household chores or</p>			<p>retrained on writing client goals and objectives based on their individual needs. The Program Director will be retrained on including the client goals in the Individualized Support Plan. The Program Director, in conjunction with the Interdisciplinary teams, will create a goal surrounding a household chore for clients 1 and 2. The Program Director, in conjunction with the Interdisciplinary teams, will create a mealtime goal for client 2. Ongoing, the Program Director will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need. Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>Responsible Party: Program Director, Area Director, and Quality Assurance Manager.</p>			

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W000249	<p>meal time activities.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/8/14 at 1:30 PM. QIDP #1 indicated formal training objectives should be developed based on IDT/ISP recommendations.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3's active treatment programs were implemented continuously to assist the clients to achieve their training objectives.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 7/8/14 at 11:24 AM. Client #1's QIDP (Qualified Intellectual Disabilities Professional) Monthly Summary forms</p>		W000249	<p>The Direct Support Professionals will be retrained on completing formal and informal training goals for each client.</p> <p>The Direct Support Professionals will be retrained on documenting formal training goals for each client.</p> <p>After the retraining occurs, the Home Manager will complete two (2) weekly observations to ensure that the goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed.</p>		08/09/2014	

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	<p>indicated the following:</p> <p>-May 2014 indicated, "Review of goals/objectives: (2.) [Client #1] will improve his physical fitness from requiring assistance to completing a task independently. Four times a week (Monday, Wednesday, Friday and Sunday), [client #1] will participate in 30 minutes of physical fitness with 1 VP or less in 70% of trials for TCM (Three Consecutive Months). Current level of performance: 9%. Recommendations regarding instructional technique: Staff are advised to continue to work with [client #1] to improve his percentages for physical fitness levels (sic) are unacceptable and improvement in the implementation of the goals is required; (3.) [Client #1] will improve his domestic skills from requiring staff assistance to competing a task independently. Two times a week (Thursday and Sunday), [client #1] will prepare two side dishes for dinner with two VPs or less in 70% of trials for TCM. Current level of performance: 1%. Recommendations regarding instructional technique: HM (Home Manager) and staff to implement fully (sic) goals and HM to report back to the PD (Program Director) on a bi weekly basis; Comments: Goals not being run</p>				<p>After the initial four (4) weeks, the Home Manager and/or ProgramDirector will complete weekly medication administration observations ongoing,and will ensure that all needed retrainings will be completed. Ongoing each DSP will work with each client on their specificIndividualized Support Plan that states each goal. For the first four weeks, the Home Manager will complete documentationreviews no less than every 48 hours to ensure that goals are being documentedcorrectly by each staff. After the initial four weeks and ongoing, the Home Manager willcomplete documentation reviews no less than weekly to ensure that all goals arebeing ran and documented appropriately. Any ongoing completion and documentation errors will be brought to theProgram Director's attention for further corrective action on staff. Responsible Party: Home Manager and Program Director</p>		

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	<p>adequately by staff. This results in lower performance by the client."</p> <p>-June 2014 indicated, "Review of goals/objectives: (1.) [Client #1] will improve his hygiene skills from relying on staff to becoming independent. Daily [client #1] will brush his teeth with 2 VPs or less in 80% of trials for TCM. Current Level of Performance: 0% Recommendations regarding instructional technique: Improvement is necessary for this goal. HM and staff are responsible for goal implementation; (2.) [Client #1] will improve his physical fitness from requiring assistance to completing a task independently. Four times a week (Monday, Wednesday, Friday and Sunday), [client #1] will participate in 30 minutes of physical fitness with 1 VP or less in 70% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: Staff are advised to continue to work with [client #1] to improve his percentages for physical fitness levels (sic) are unacceptable and improvement in the implementation of the goals is required; (3.) [Client #1] will improve his domestic skills from requiring staff assistance to completing a task independently. Two times a week (Thursday and Sunday),</p>						

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	<p>[client #1] will prepare two side dishes for dinner with two VPs or less in 70% of trials for TCM. Current level of performance: 1%. Recommendations regarding instructional technique: HM and staff to implement fully (sic) goals and HM to report back to the PD on a bi weekly basis; Comments: Goals not being run adequately by staff. This results in lower performance by the client."</p> <p>2. Client #3's record was reviewed on 7/8/14 at 10:07 AM. Client #3's QIDP Monthly Summary forms indicated the following:</p> <p>-April 2014 indicated, "Review of goals/objectives: (1.) [Client #3] will take a shower with two VPs in 100% of trials for TCM. Current level of performance: 0% no data provided. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable; (2.) [Client #3] will increase his domestic skills from relying on staff to completing the domestic skill independently. [Client #3] will improve his cooking skills. Two times a week, [client #3] will on Mondays and Wednesdays prepare a side dish with two VPs or less in 80% of trials for TCM. Current level of performance:</p>						

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	<p>0%. Recommendations regarding instructional technique: Goals should be ran daily for the clients. No trials is (sic) unacceptable;</p> <p>(3.) [Client #3] will increase his money management skills from relying on staff to becoming more independent in money management. [Client #3] will three times a week (Tuesday, Thursday and Saturday) will count out \$1.00 worth of change with three VPs or less in 70% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable;</p> <p>(4.) [Client #3] will increase his communication from having limited communication skills to have more communication skills. [Client #3] will repeat numbers one through ten with two VPs or less in 80% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable;</p> <p>(5.) [Client #3] will improve his physical fitness from requiring staff assistance to completing tasks independently. Four times a week (Sunday, Monday, Wednesday and Friday) [client #3] will participate in thirty minutes of physical fitness with one VP or less in 70% of</p>						

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	<p>trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: HM and staff are accountable for goal implementation; Comments: No goals were run for [client #3]. This is unacceptable and will be corrected for the following month."</p> <p>-May 2014 indicated, "Review of goals/objectives: (1.) [Client #3] will take a shower with two VPs in 100% of trials for TCM. Current level of performance: 0% no data provided. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable; (2.) [Client #3] will increase his domestic skills from relying on staff to completing the domestic skill independently. [Client #3] will improve his cooking skills. Two times a week, [client #3] will on Mondays and Wednesdays prepare a side dish with two VPs or less in 80% of trials for TCM. Current level of performance: 1%. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable; (3.) [Client #3] will increase his money management skills from relying on staff to becoming more independent in money management. [Client #3] will three times</p>						

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	<p>a week (Tuesday, Thursday and Saturday) will count out \$1.00 worth of change with three VPs or less in 70% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable;</p> <p>(4.) [Client #3] will increase his communication from having limited communication skills to have more communication skills. [Client #3] will repeat numbers one through ten with two VPs or less in 80% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable;</p> <p>(5.) [Client #3] will improve his physical fitness from requiring staff assistance to completing tasks independently. Four times a week (Sunday, Monday, Wednesday and Friday) [client #3] will participate in thirty minutes of physical fitness with one VP or less in 70% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: HM and staff are accountable for goal implementation;</p> <p>Comments: Very few goals were run for [client #3]. This is unacceptable and will be corrected for the following month."</p>						

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	<p>-June 2014 indicated, "Review of goals/objectives:</p> <p>(1.) [Client #3] will increase his domestic skills from relying on staff to completing the domestic skill independently. [Client #3] will improve his cooking skills. Two times a week, [client #3] will on Mondays and Wednesdays prepare a side dish with two VPs or less in 80% of trials for TCM. Current level of performance: 1%. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable;</p> <p>(2.) [Client #3] will increase his money management skills from relying on staff to becoming more independent in money management. [Client #3] will three times a week (Tuesday, Thursday and Saturday) will count out \$1.00 worth of change with three VPs or less in 70% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable;</p> <p>(3.) [Client #3] will increase his communication from having limited communication skills to have more communication skills. [Client #3] will repeat numbers one through ten with two VPs or less in 80% of trials for TCM. Current level of performance: 0%.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Recommendations regarding instructional technique: Goals should be ran (sic) daily for the clients. No trials is (sic) unacceptable;</p> <p>(4.) [Client #3] will improve his physical fitness from requiring staff assistance to completing tasks independently. Four times a week (Sunday, Monday, Wednesday and Friday) [client #3] will participate in thirty minutes of physical fitness with one VP or less in 70% of trials for TCM. Current level of performance: 0%. Recommendations regarding instructional technique: HM and staff are accountable for goal implementation;</p> <p>Comments: Very few goals were run for [client #3]."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/8/14 at 1:30 PM. QIDP #1 indicated clients #1 and #3's active treatment program should be implemented by facility staff at each available opportunity. QIDP #1 indicated facility staff had not been offering the clients training opportunities.</p> <p>9-3-4(a)</p>						
W000368	483.460(k)(1)						

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	<p>DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 3 sampled clients (#2) plus 2 additional clients (#4 and #6), the facility failed to ensure medications were administered as ordered by the physician for clients #2, #4 and #6.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/7/14 at 3:30 PM. The review indicated the following:</p> <p>-BDDS report dated 2/16/14 indicated client #6 did not receive Oxybutynin 5 milligram tablet, Cogentin 0.5 milligram tablet and Risperdal 0.5 milligram tablet on 2/14/14.</p> <p>-BDDS report dated 2/20/14 indicated client #2 did not receive her clonazepam tablet at 7:00 AM on 2/18/14.</p> <p>-BDDS report dated 3/1/14 indicated client #4 did not receive his Lantus 10 units on 3/1/14.</p> <p>-BDDS report dated 6/3/14 indicated client #4 did not receive a routine dose of</p>		W000368	<p>The Direct Support Professionals will be retrained on medication administration. This training will include the times that medication administration is completed, which must be according to the Med Sheets. After the retraining occurs, the Home Manager, Program Director, and/or Program Nurse will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Home Manager, Program Director, and/or Program Nurse will complete weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed. Ongoing each DSP will complete Medication Administration as expected by Indiana MENTOR's policy and procedures. Responsible Party: Home Manager, Program Director, and Program Nurse</p>		08/09/2014	

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	<p>Paroxetine on 5/14/14.</p> <p>-BDDS report dated 6/3/14 indicated client #2 had not received her prescribed Levothyroxine on 5/27/14, 5/28/14 and 5/29/14. The 6/3/14 BDDS report indicated, "The staff indicated he forgot to punch the medication out and administer it to the client."</p> <p>1. Client #2's record was reviewed on 7/8/14 at 10:56 AM. Client #2's POF dated 7/1/14 indicated client #2 had a physicians order for Levothyroxine 112 microgram, take one tablet by mouth once daily for hypothyroidism at 6:30 AM. Client #2's POF dated 7/1/14 indicated client #2 had a physicians order for clonazepam 0.5 milligrams tablet (anxiety), take one tablet by mouth twice a day at 7:00 AM and 5:00 PM.</p> <p>2. Client #4's record was reviewed on 7/9/14 at 4:20 PM. Client #4's POF dated 6/24/14 indicated client #4 had a physicians order for Paroxetine 20 milligram tablet every night at bedtime for bipolar. Client #4's POF dated 6/24/14 indicated client #4 had a physicians order for Lantus Solostar Pen, Inject 10 units daily before breakfast for diabetes.</p> <p>3. Client #6's record was reviewed on</p>						

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W000371	<p>7/9/14 at 4:30 PM. Client #6's POF dated 6/24/14 indicated client #6 had a physicians order for Oxybutynin 5 milligram tablet, one tablet by mouth twice a day for incontinence, Cogentin 1 milligram tablet, take one tablet by mouth twice daily (Parkinson symptoms) and Risperdal 1 milligram tablet, take one tablet by mouth twice daily (bipolar).</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 7/8/14 at 1:25 PM. LPN #1 indicated medication should be administered as prescribed by the physician.</p> <p>9-3-6(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3 had self-administration of medication training objectives.</p> <p>Findings include:</p>		W000371	<p>The Program Director will be retrained on writing client goals and objectives based on their individual needs. The Program Director will be retrained on including the client goals in the Individualized Support Plan. The Program Director, in conjunction with the Interdisciplinary teams, will create a goal surrounding medication</p>		08/09/2014	

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	<p>Observations were conducted at the group home on 7/8/14 from 6:00 AM through 8:00 AM. At 6:30 AM, DSP (Direct Support Professional) #1 began the group home's morning medication administration. At 6:30 AM, DSP #1 entered the medication administration area and prepared client #2's 7:00 AM medications by removing the medications from the pharmacy medication packaging and placed the medications into a plastic cup. DSP #1 handed client #3 the plastic cup containing her 7:00 AM medications and a pre-filled cup of water. DSP #1 did not encourage client #2 to participate in the administration of her medications. DSP #1 repeated this routine at 6:45 AM for client #1 and at 6:55 AM for client #3. DSP #1 did not encourage clients #1, #2 or #3 to participate in the administration of their medications.</p> <p>DSP #1 was interviewed on 7/8/14 at 7:00 AM. DSP #1 indicated clients #1, #2 and #3 did not have medication administration training objectives.</p> <p>HM (Home Manager) #1 was interviewed on 7/8/14 at 7:05 AM. HM #1 indicated clients #1, #2 and #3 did not have medication administration training objectives.</p> <p>1. Client #1's record was reviewed on</p>			<p>administration for clients 1, 2, and 3. Ongoing, the Program Director will work with the interdisciplinary teams to ensure that each client has training goal to identify their specific areas of need. Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client. Responsible Party: Program Director, Area Director, and Quality Assurance Manager.</p>			

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	<p>7/8/14 at 11:24 AM. Client #1's ISP (Individual Support Plan) dated 5/15/14 indicated, "[Client #1] is reliant on others to ensure his health and safety needs are met. [Client #1] is unable to administer medications are prescribed and must rely on staff and others for appropriate administration." Client #1's ISP dated 5/15/14 indicated the recommendation to "Increase medication administration skills through a formal goal." Client #1's record did not indicate documentation of a formal medication training objective or informal medication training support to teach client #1 to administer his own medications.</p> <p>2. Client #2's record was reviewed on 7/8/14 at 10:56 AM. Client #2's ISP dated 2/16/14 indicated, "[Client #2] is reliant on others to ensure her health and safety needs are met. [Client #2] is unable to administer medications as prescribed and must rely on staff and others for appropriate administration." Client #2's ISP dated 2/16/14 indicated the recommendation to "Increase medication administration skills through a formal goal." Client #2's record did not indicate documentation of a formal medication training objective or informal medication training support to teach client #2 to administer her own medications.</p>						

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W000440	<p>3. Client #3's record was reviewed on 7/8/14 at 10:07 AM. Client #3's ISP dated 1/24/14 indicated, "[Client #3] cannot self medicate." Client #3's ISP dated 1/24/14 indicated the recommendation to "Increase medication administration skills through a formal goal." Client #3's record did not indicate documentation of a formal medication training objective or informal medication training support to teach client #3 to administer his own medications.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/8/14 at 1:30 PM. QIDP #1 indicated clients #1, #2 and #3 did not have medication administration training objectives.</p> <p>9-3-6(a)</p>						
	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the facility failed to conduct evacuation drills for each quarter on each shift of staff.</p>		W000440	<p>All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct</p>		08/09/2014	

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W009999	<p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 7/8/14 at 1:07 PM. The review indicated the facility failed to conduct an evacuation drill for 6 of 6 clients (#1, #2, #3, #4, #5 and #6) for the first quarter, January, February and March 2014 for the day shift, for the fourth quarter and October, November and December 2013 for the day and evening shifts/hours.</p> <p>AD (Area Director) #1 was interviewed on 7/8/14 at 2:40 PM. AD #1 indicated an evacuation drill should be conducted for each shift once per quarter.</p> <p>9-3-7(a)</p>			<p>Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned in to and reviewed by Quality Assurance for accuracy and thoroughness of each drill. Responsible Party: Home Manager</p>			
	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>(1) 460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit</p>		W009999	<p>All staff are given reminders as to when their annual training requirements are due to expire. Those that fail to keep them up to date receive suspension until completed. Ongoing, the HR Representative, with the help of the Program Director and Area Director, will keep the Home Manager and Direct Care staff up to date with the staff annual training expiration dates, including but not limited to annual</p>		08/09/2014	

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	<p>written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 of 3 sampled staff (DSP (Direct Support Professional) #1), the facility failed to complete and annual PPD screening checklist for employed staff.</p> <p>Findings include:</p> <p>DSP #1's personnel record was reviewed on 7/8/14 at 12:10 PM. DSP #1's record indicated DSP #1 had a chest x-ray screening completed on 1/14/13. The review did not indicate documentation of an annual screening checklist being completed since the 1/14/13 chest x-ray.</p>			<p>Mantoux tests, or xrays. DSP #1 will have an annual Mantoux test (or chest x-ray) completed. Responsible Party: Home Manager, Administrative Assistant, Program Director, and Area Director.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>AD (Area Director) #1 was interviewed on 7/8/14 at 12:15 PM. AD #1 indicated DSP #1 should have an annual screening completed. AD #1 indicated she would follow up with the HR (Human Resources) department to confirm if additional documentation was available. AD #1 submitted an electronic mail message on 7/8/14 at 6:26 PM which indicated, "[DSP #1] must be outdated on his chest x-ray. We were unable to come up with anything, even from the doctor, showing otherwise."</p> <p>9-3-3(e)</p>						